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9

10 **UNITED STATES DISTRICT COURT**
11 **EASTERN DISTRICT OF CALIFORNIA**
12 **FRESNO DIVISION**

13 KELSI FAHRNI, deceased, through her Co-) Case No.
14 Successors in Interest TIFFANY FAHRNI)
15 and DOUG FAHRNI; TIFFANY FAHRNI,) **CO-SUCCESSOR IN INTEREST**
16 individually; and DOUG FAHRNI,) **DECLARATION OF TIFFANY FAHRNI**
17 individually;) **(Cal. Code. Civ. Proc. §§ 377.11 et seq.)**
18 Plaintiffs,
19 vs.
20 COUNTY OF TULARE, a public entity; and
21 DOES 1–50, jointly and severally,
22 Defendants.

1 **DECLARATION OF CO-SUCCESSOR IN INTEREST**

2
3 STATE OF CALIFORNIA)

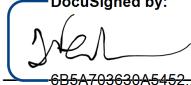
4 COUNTY OF TULARE)

5
6 I, TIFFANY FAHRNI, attest and declare as follows:

- 7 1. I am the mother of KELSI FAHRNI (“Decedent”), who died on August 12, 2022, in the City
8 of Visalia, County of Tulare, California.
- 9 2. No proceeding is now pending in California for administration of Decedent’s estate.
- 10 3. I am Decedent’s successor in interest (as defined in Section 377.11 of the California Code of
11 Civil Procedure) along with KELSI FAHRNI’s father, DOUG FAHRNI. We all succeed to
12 KELSI FAHRNI’s interest in this action.
- 13 4. No other person has a superior right to commence the action or proceeding or to be
14 substituted for Decedent in the pending action.
- 15 5. A copy of Decedent’s death certificate is attached to this declaration as **EXHIBIT A**.
- 16 6. I have personal knowledge of the facts stated in this declaration. If called upon to testify to
17 same, I am competent to do so.

18 I declare under penalty of perjury pursuant to the laws of the United States of America and
19 the State of California that the foregoing information is true and correct.

20
21 Dated: 8/14/2023

By: 

6B5A709630A5452...

22 TIFFANY FAHRNI

EXHIBIT A

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

COUNTY OF TULARE

TULARE, CALIFORNIA

3052022194678

CERTIFICATE OF DEATH

3202254002222

| | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|-----------------------------|--|
| DECEASED'S PERSONAL DATA | | STATE FILE NUMBER: KELSI | | MIDDLE - | | LAST (Family) FAHRNI | | LOCAL REGISTRATION NUMBER | | | |
| AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4 DATE OF BIRTH mm/dd/ccyy 08/24/1992 | | 5 AGE Yrs 29 | | 6 IF UNDER ONE YEAR Months Days Hours Minutes | | 6 SEX F | | | |
| 8 BIRTH STATE/FOREIGN COUNTRY CA | | 10 SOCIAL SECURITY NUMBER 619-58-1632 | | 11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UPA | | 12 MARITAL STATUS-SOCYR at time of death NEVER MARRIED | | 7 DATE OF DEATH mm/dd/ccyy 08/12/2022 FND | | 8 HOUR 24 hours 1508 | |
| 13 EDUCATION - Highest Level/Degree SOME COLLEGE <input type="checkbox"/> YES | | 14/15. WAS DECEASED HISPANIC/LATINO/SPANISH? If yes, see worksheet on back SOME ATTENDANT <input type="checkbox"/> | | 16 DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) <input type="checkbox"/> NO <input checked="" type="checkbox"/> WHITE | | 18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MOVIE THEATER | | | | 19 YEARS IN OCCUPATION 1 | |
| 20 DECEASED'S RESIDENCE (Street and number, or location) 1308 N DUNWORTH CT | | 22 COUNTY/PROVINCE VISALIA | | 23 ZIP CODE 93292 | | 24 YEARS IN COUNTY 29 | | 25 STATE/FOREIGN COUNTRY CA | | | |
| 26 INFORMANT'S NAME, RELATIONSHIP TIFFANY FAHRNI, MOTHER | | 27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1308 N DUNWORTH CT, VISALIA, CA 93292 | | | | | | | | | |
| 28 NAME OF SURVIVING SPOUSE/SRPD-FIRST - | | 29 MIDDLE - | | 30. LAST (BIRTH NAME) - | | | | | | | |
| 31 NAME OF FATHER/PARENT-FIRST DOUG | | 32. MIDDLE - | | 33 LAST FAHRNI | | | | 34. BIRTH STATE CA | | | |
| 35. NAME OF MOTHER/PARENT-FIRST TIFFANY | | 36. MIDDLE - | | 37. LAST (BIRTH NAME) NASH | | | | 38. BIRTH STATE CA | | | |
| 39. DISPOSITION DATE mm/dd/ccyy 08/24/2022 | | 40. PLACE OF FINAL DISPOSITION RES-TIFFANY FAHRNI 1308 N DUNWORTH CT, VISALIA, CA 93292 | | 41. TYPE OF DISPOSITION CREMATE/RESIDENCE | | 42. SIGNATURE OF EMBALMER ► NOT EMBALMED | | 43. LICENSE NUMBER - | | | |
| 44. NAME OF FUNERAL ESTABLISHMENT STERLING & SMITH FUNERAL HOME | | 45. LICENSE NUMBER FD2106 | | 46. SIGNATURE OF LOCAL REGISTRAR ► KAREN HAUGHT MD | | 47. DATE mm/dd/ccyy 08/23/2022 | | | | | |
| PLACE OF DEATH | | 101. PLACE OF DEATH ADULT PRE-TRIAL FACILITY - FND | | 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other | | 105. CITY VISALIA | | | |
| CAUSE OF DEATH | | 104. COUNTY TULARE | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 36650 ROAD 112 | | | | 106. TIME/INITIAL BEHAVIOR Onset and Death MINS 00:00 22-0976 | | | |
| 107. CAUSE OF DEATH Enter the chain of events — classes, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without checking theiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE <input checked="" type="checkbox"/> HANGING (From disease or condition resulting in death) (B) Sequently, list conditions, if any, leading to cause of death. List the following: Underlying Cause Injury that initiated the event (C) (D) (E) (F) Rosenthal's death last | | | | | | | | 108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REPORT NUMBER 22-0976 | | | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE | | | | | | | | 109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO | | | | | | | | 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| PHYSICIAN'S CERTIFICATION | | 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Physician Attended Since _____ Decedent Last Seen Alive _____ | | 115. SIGNATURE AND TITLE OF CERTIFIER  | | 116. LICENSE NUMBER 08/23/2022 | | 117. DATE mm/dd/ccyy 08/23/2022 | | | |
| CORONER'S USE ONLY | | (A) mm/dd/ccyy (B) mm/dd/ccyy | | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Karen Haught, M.D., M.P.H., Tulare County Health Officer Registrar of Vital Statistics | | | | | | | |
| 120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/ccyy 08/12/2022 | | 122. HOUR (24 hours) 1438 EST | | | | | | | |
| 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: ADULT PRE-TRIAL FACILITY | | 127 DATE mm/dd/ccyy 08/23/2022 | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER K ZANINOVICH, DEP CORONER | | | | | | | |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) THE DECEDENT TOOK HER OWN LIFE BY LIGATURE HANGING. | | | | | | | | | | | |
| 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) ADULT PRE-TRIAL FACILITY 36650 ROAD 112, VISALIA, CA 93291 | | | | | | | | | | | |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER K ZANINOVICH | | | | | | | | | | | |

STATE REGISTRAR

A

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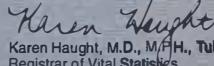
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE
HEALTH AND HUMAN SERVICE AGENCY.


 Karen Haught, M.D., M.P.H., Tulare County Health Officer
 Registrar of Vital Statistics

DATE ISSUED AUG 29 2022

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE